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**From:**      **Name:**           Jeffrey P. Kushan  
  
                 **Voice:**           202-736-8000

**To:**           **Name:**           Examiner Maher Haddad  
                 **Company:**       U.S. Patent and Trademark Office  
                 **Facsimile#:**       7038729306  
                 **Voice Phone:**  
                 **Subject:**       U.S. Serial No. 09/613,038; Attorney Docket No. 22338-00602

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**Date:** 01/28/2005      **Time:** 14:59:18 **No. Pages (Including Cover):** 25

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**Message:**

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## FAX TRANSMISSION

Total [24] pages, including cover sheet

To: Commissioner for Patents  
U.S. Patent and Trademark Office

Fax no.: (703) 872-9306

From: Jeffrey P. Kushan  
Tel. (202) 736-8000

Date: January 28, 2005

## Re:

Serial No.: 09/613,038

Group Art Unit: 1644

Confirmation No.: 9334

Examiner: Maher Haddad

Filed: July 10, 2000

Applicant: Antonio J. GRILLO-LOPEZ  
et al.

For: BLOCKING IMMUNE RESPONSE TO A GRAFT (Amended)

## CERTIFICATE OF TRANSMISSION UNDER 37 C.F.R. § 1.8

I CERTIFY THAT THE FOLLOWING DOCUMENTS ARE BEING TRANSMITTED TO THE USPTO AT FAX NUMBER (703) 872-9306 ON THE DATE SHOWN:

- Fee Transmittal (1 page)
- Petition for 3-month extension of time (1 page)
- Amendment (21 pages)

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AUDITORY Docket NO. 44339-002

ART UNIT 1644  
 EXAMINER Maher Haddad  
 INVENTOR(S) Antonio J. GRILLO-LOPEZ et al.  
 SERIAL NUMBER 09/613,038  
 FILED July 10, 2000  
 FOR BLOCKING IMMUNE RESPONSE TO A GRAFT (AMENDED)

REPLY/AMENDMENT

THE COMMISSIONER OF PATENTS AND TRADEMARKS  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

FEE CALCULATION FOR ENCLOSED RESPONSE					
	Claims Remaining	Highest No. Previously Paid	Number Extra	Rate	Additional Fee
Total Claims	43	31	12	\$18.00	\$216.00
Independent Claims	4	5	1	\$80.00	\$80.00
Surcharge For Multiple Dependent Claim First Added.....				+\$270.00	
<input checked="" type="checkbox"/> Applicant requests a three- month extension of time for response to the outstanding Office Action. Please see attached Petition for Extension of Time.					1020.00
TOTAL.....					\$1316.00.00
<input type="checkbox"/> SMALL ENTITY STATUS (if applicable, divide TOTAL by 2) ..... <input type="checkbox"/> Verified Statement enclosed, if not previously filed.					
<input type="checkbox"/> Reduction for Extension Fee of _____ months already paid .....					
<input type="checkbox"/> OTHER:					
TOTAL.....					\$1316.00

☐ Checks are enclosed to cover the fees as calculated above.

☒ The fees calculated above are to be charged to Deposit Account No. 18-1260.

If for some reason applicant has not requested a sufficient extension of time and/or has not paid a sufficient fee for this response and/or the extension of time necessary to prevent the abandonment of this application, please consider this as a Request for an Extension for the required time period and/or an authorization to charge our Deposit Account No. 18-1260 for any fee which may be due.

SIDLEY AUSTIN BROWN &amp; WOOD LLP

January 28 2005  
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By: Jeffrey P. Kushan

Reg. No. 43,401